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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION SERIA	L NOUnknown
FILING DATE	Filed Herewith
INVENTOR	Loran Paprocki
GROUP ART UNIT	Unknown
	Unknown
ATTORNEY'S DOCKET NO	
TITLE	"Method and Apparatus for Sealing an Internal Tissue Puncture
	Incorporating Block and Tackle"

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

From: L. Grant Foster

HOLLAND & HART LLP

555 - 17th Street, Suite 3200

P.O. Box 8749

Denver, Colorado 80201 Telephone: (801) 595-7830 Facsimile: (801) 364-9124

Enclosed are the items listed below submitted regarding the matter identified above:

- 1. Transmittal Letter with Certificate of Express Mailing included
- 2. PTO Return Postcard Receipt
- Patent Application (23 Pages, including Specification, 37 Claims, Abstract, and 6 3. Sheets of Drawings (Figs. 1-3D))
- Declaration of Sole Inventor for Patent Application 4.
- 5. Notice re Correspondence
- Fee Calculation Sheet 6.
- 7. Check for \$1,162.00 (\$770.00 Basic Filing Fee, \$392.00 Extra Claims Fee)

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

Date: 13 NOVEMBER 2003

Reg. No. 33,236

CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as either first class mail or Express Mail, if the blank for Express Mail No. is completed below, in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.

Express Mail No. EV 357960357 US

Date:	13	Novamber	2013	Signature:	Kithy Carl
					Name: Kathy Case

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NOTICE RE CORRESPONDENCE

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Please send all correspondence to:

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Please note that this mailing address corresponds to Holland & Hart's main office in Denver. All documents from the U.S. Patent and Trademark Office should be sent to the Denver office for docketing purposes. The undersigned attorney can be contacted directly at his Salt Lake City office at the telephone number and facsimile number specified above.

Date: 13 NOVEMBER 2003

L. Grant Foster Reg. No. 33,236

FEE TYPES BASIC FEE (\$770/385)							Amount (\$) \$ 770.00
Allowed in Base Fee	Claims For Which Fees Have Been Paid	Claims For Which Fees Are Now Due	Large Entity	Small Entity			
Total Claims	37	20		17	18.00	9.00	306.00
Indep. Claims	4	3		1	86.00	43.00	86.00
Appli for response un	PETITION/FEE icant hereby petiticant hereby petiticant and the pendentintain the pen	ons for an exten (a) as indicated	or as	One month Two months Three months Four months Five months	110.00 420.00 950.00 1,480.00 2,010.00	55.00 210.00 475.00 740.00 1,005.00	
TOTAL FEES	OWED						\$ 1,162.00

Deposit Account Authorization - The Commissioner is hereby authorized to charge any necessary payments or credit any applicable fees to Deposit Account No. 08-2623.

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